

APPLICATION FOR OCCUPANCY - GATEWAY ARMS CONDOMINIUM: 1900 NE 8th Court, Fort Lauderdale, Florida, 33304

INSTRUCTIONS: Each adult must fill out an application. Please be sure all information on the application is answered completely.

PLEASE PRINT OR TYPE ALL INFORMATION PURCHASE- ___mortgage transaction or ___Cash transaction LEASE

UNIT #: _____ DATE: _____ Desired Date of Occupancy: _____

APPLICANT: _____ DATE OF BIRTH: _____ SOC SEC #: _____

APPLICANT MOBILE PHONE: _____ APPLICANT EMAIL ADDRESS: _____

SPOUSE NAME: _____ DATE OF BIRTH: _____ SOC SEC #: _____

Single Married Widowed Separated Divorced Maiden Name: _____

of occupants: _____ # of adults (over age 18): _____ # of children (over age 13): _____ # of children (under age 13): _____

Names and ages of children who will occupy: _____

IN CASE OF EMERGENCY, NOTIFY: _____
(Name) (Address) (Phone)

RESIDENCE HISTORY

A PRESENT ADDRESS: _____ Telephone: _____

Name of Apartment / Condo _____ Telephone: _____ Dates of Residency: _____

Name of Landlord / Mortgage Company: _____ Telephone: _____

B PREVIOUS ADDRESS: _____ Telephone: _____

Name of Apartment / Condo _____ Telephone: _____ Dates of Residency: _____

Name of Landlord / Mortgage Company: _____ Telephone: _____

C PREVIOUS ADDRESS: _____ Telephone: _____

Name of Apartment / Condo _____ Telephone: _____ Dates of Residency: _____

Name of Landlord / Mortgage Company: _____ Telephone: _____

EMPLOYMENT HISTORY

A EMPLOYED BY: _____ Telephone: _____

How Long: _____ Position: _____ Monthly Income: _____

Address: _____ Zip Code: _____

B PREVIOUS EMPLOYMENT: _____ Telephone: _____

How Long: _____ Position: _____ Monthly Income: _____

Address: _____ Zip Code: _____

CHARACTER REFERENCES

1 NAME: _____ Home Phone: _____ Work Phone: _____

Address: _____ Zip Code: _____

2 NAME: _____ Home Phone: _____ Work Phone: _____

Address: _____ Zip Code: _____

RESIDENT'S VEHICLES AND LICENSE COPY

OF CARS TO BE PARKED HERE: _____ Note: one parking space available per unit and guest spots are not for residents routine use

1 MAKE: _____ Model: _____ Year: _____ Plate: _____ Color: _____ State: _____

2 MAKE: _____ Model: _____ Year: _____ Plate: _____ Color: _____ State: _____

1 DRIVER: _____ DL #: _____ State: _____

2 DRIVER: _____ DL #: _____ State: _____

Attach a copy of State Drivers License or State Photo ID. Non-citizens attach copy of passport Revised 10/2014

SIGNATURE: _____ Date: _____